

L17000041420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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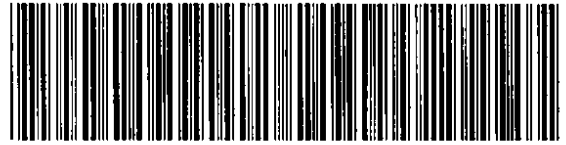
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/23/17

FERRO LABELLA & ZUCKER L.L.C.
COUNSELLORS AT LAW

PLEASE REPLY TO N.J. OFFICE

ROCCO J. LABELLA
rlabella@ferrolabella.com

THE LANDMARK BUILDING
27 WARREN STREET, SUITE 201
HACKENSACK, N.J. 07601-5476
(201) 489-9110
FAX (201) 489-5653

1025 WESTCHESTER AVENUE, SUITE 106
WHITE PLAINS, N.Y. 10604-3538
(914) 358-4934

February 21, 2017

FAX (914) 358-4935

Via FedEx

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Haber South LLC (the "Company")


Dear Sir/Madam:

Enclosed for filing are an original and one (1) copy of Articles of Organization (the "Articles") in connection with the above Company. Also enclosed are two copies of the Florida Department of State's Cover Letter and this firm's check in the amount of \$155.00 for payment of the applicable filing fee and certified copy fee.

Kindly file the Articles and return a filing confirmation and certified copy of the "filed" Articles to this office in the envelope provided.

If you any questions please contact me. Thank you.

Very truly yours,


Rocco J. Labella

RJL/cp
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Haber South LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rocco J. Labella, Esq.,

Name of Person

Ferro Labella & Zucker L.L.C.

Firm/Company

27 Warren Street, 2nd Floor

Address

Hackensack, New Jersey 07601

City/State and Zip Code

mikeh@wwglass.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rocco J. Labella, Esq.

201

489-9110

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☒

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Haber South LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

300 Airport Executive Park
Nanuet, NY 10954

Mailing Address:

Attn.: Michael Haber
300 Airport Executive Park
Nanuet, NY 10954

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

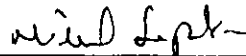
Plantation, FL 33324

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

 Michael Scraphin Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Michael Haber
35 Lady Godiva Drive
New City, NY 10956

AMBR

Jeffrey Haber
23 Drake Lane
Upper Saddle River, NJ 07458

AMBR

Scott Haber
23 Woodhaven Drive
New City, NY 10956

(Use attachment if necessary)

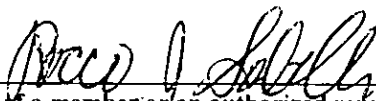
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

ROCCO J. LABELLA, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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